## State of Hawaii DEPARTMENT OF AGRICULTURE Commodities Branch P. O. Box 22159

Honolulu, Hawaii 96822-0159

APPLICATION FOR LICENSE -- DEALERS IN FARM PRODUCE

FOR OFFICE USE ONLY					
New	Update	_			
No signature		_			
Fee		_			
Penalty		_			
Returned					

Please read attached sheet before completing a	ррисапоп.			Meturned	
SECTION A. TO BE COMPLETED BY ALL APPLIC	ANTS				
NAME OF BUSINESS: (Please print)		3. CLASS OF BUSINESS; applicable classes.)  DEALER PROCESSOR AGENT		sheet for definitions of COMMISSION ME RETAIL MERCHAN BROKER	RCHANT
2. PLACE OF BUSINESS: (No. and Street, City, Stat	te, ZIP)	4. BUSIENSS PHONE:			
		5. MAILING ADDRESS: (If	same as block	(2, write "Same".)	
This is a corporate or executive office	(see instructions).				
6. HAWAII GROWN FARM PRODUCTS OBTAINED	OR PURCHASED DIRECT	TLY FROM PRODUCER: (Ch	eck all applicat	ble products.)	
☐ PLANTS ☐ FRESH FRUITS OR VEGETABLES	FLOWI	ERS OTHE			
LIVESTOCK OR LIVESTOCK PROD	UCTS  EGGS	· ·			
7. DATE FIRST HANDLED ABOVE FARM PRODUCT SUBJECT TO LICENSING: (Month/Day/Year)		8. DATE BUSINESS STAR	TED:		
9. BUSINESS IS: CHECK APPLICABLE SQUARE A  SOLE OWNER		10. TO 13, AS REQUIRED. IERSHIP	CORF	PORATION OR AS	SOCIATION
Print NAME and home ADDRESS of Owner in blocks 10 and 11. indicate above, type of particles and the print of		Print NAME, home ADDRESS and TITLE of all directors or officers and holders of more than ten percent of outstanding stock and the PERCENT-AGE OF STOCK held by each in blocks 10 to 13.			
10. NAME	11.	HOME ADDRESS		12. TITLE	13 PERCENT STOCK
	·				
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		:	. ,		

SECTION B. TO BE COMPLETED BY	Y APPLICANT WITH BRANCH STORE(	S) See instruction sheet.			
14. NAME, ADDRESS AND PHONE NU quent to the filing of this application.	UMBER OF EACH BRANCH STORE. A	A separate application must be completed  D. BLOCK, for office use only.	d for each Branch Store established subse-		
1. MAIN OR PARENT STORE	:	6.			
			: <u></u>		
PHONE:	LIC. NO.	PHONE:	LIC. NO.		
2.					
		]	<b>_</b>		
PHONE:	LIC. NO.	PHONE:	LIC. NO.		
3.		8.	<u> </u>		
DIOL T	110.40	PHONE:	LIC. NO.		
PHONE:	LIC. NO.	PHONE:			
4.					
		T DLICALE.	LIC. NO.		
PHONE:	LIC. NO.	PHONE:	LIO. NO.		
5.					
	<u> </u>	1			
PHONE:	LIC. NO.	PHONE:	LIC, NO.		
		et if additional space is needed)	<u> </u>		
SECTION C. TO BE COMPLETE 15. BANKING REFERENCE: Name an					
IO. SCHMING REFERENCE: Name at	an and VI Pain				
16, NAME OF PERSON AUTHORIZEL	TO RECEIVE AND ACCEPT SUMMO	NS AND LEGAL NOTICES.			
	·				
AGENT OR COMMISSION	MERCHANT APPLICANTS SEE A	TTACHED INSTRUCTIONS FOR A	ADDITIONAL REQUIREMENTS.		
LICENOF FFF (Calabratic de la C	hant for colouration for				
LICENSE FEE (See attached sl	niest for calculating 199.)				
Commission Merchant	\$50.00				
Dealer, Processor, Agent or	r Broker 15.00 each	Signat	ure of Applicant		
			This		
Retail Merchant	2.50		Title		
Branch Store 1.00			Date		
Penalty: See instruction sh	eet.	•			
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Make check payable to: HAWAII DEPARTMENT OF AGRICULTURE

**REMINDER: DID YOU SIGN THIS APPLICATION?**